

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>M. D. Mawst</i>	<i>PM</i>
<i>Advisory</i>	<i>PM</i>
<i>Senyo</i>	<i>PM</i>

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

Dated 10/11
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>1</i>	<i>Pull Station</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>7</i>	<i>SD Detector</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

SEE AHT REPORT, SMOKE DETECTOR ALARM FOR MACHING RM.

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>ELVATOR RECALL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>PAN SHOT DOWN</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: *ELVATOR RECALL DOES NOT WORK.*

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>HDT</i>	<i>PA</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SERGIO</i>	<i>PA</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>LABORARY</i>	<i>PA</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: *See AHT report*

System restored to normal operation: Date: *1/7/2013* Time: *PA*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *JONIQUE MA ORSERO* Date: *1/7/2013* Time: *PA*

Signature: *[Signature]*

Name of Owner or Representative: *[Signature]*

Date: *1/7/2013* Time: *PA*

Signature: *[Signature]*



PM Work Order

1/3/2013 4:00:53 PM

Work Order #	2254143	Target Date		Serial Num	
Asset:	COL-FACP	Fire Alarm Control Panel at College/Bayside Station		12/30/12	
Parent:	COL	Status:	R		
PM:	FIREPM4				
PM Description:	Fire Panel Vendor Certification - Annual / MRC: 350				
Location:	COL STA				
Employee #:					
Name:					
Start Date:					
Completed Date:					
Labor Hours:					
NOTES:					

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/7/2013TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Metropolitan College Bay Side St.Address: 225 NE 3rd St. MiamiOwner Contact: Sergio

Telephone: _____

MONITORING ENTITY

Contact: M.D. Transit Central Control

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: GRANVILLECircuit Styles: B4Number of Circuits: 7 of 8

Software Rev.: _____

Last Date System Had Any Service Performed: 7/7/2012

Last Date that Any Software or Configuration Was Revised: _____

Model No.: ZWS-200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>1</u>	<u>B</u>
<u>7</u>	<u>B</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 1 of 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL EL

Disconnecting Means Location: CCT # 14

(b) Secondary (Standby): 2x 12VDC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
 - ☒ Legally required standby described in NFPA 70, Article 701
 - ☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MDTAWST	2/1
ADVISORY	2/1
Sengid	2/1

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

Dated 2009

OK

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☐

☐

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
1	Pull station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	3 Detectors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>Elevator reset</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Alarm shot down</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SEAN</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>MD/PAUL</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>REVISORY</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: *All system normal*

System restored to normal operation: Date: *1/7/2013* Time: *AM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *JONICERAS* Date: *1/7/2013* Time: *AM*

Signature: _____

Name of Owner or Representative: _____

Date: *1/7/2013* Time: *AM*

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/28/2012
 TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: COLMETZ Rail station
 Address: 701 NW 11th St Miami FL
 Owner Contact: Scargo
 Telephone: 314-36-3318

MONITORING ENTITY

Contact: M.D. TRANSIT
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDE
 Circuit Styles: 8 & 4
 Number of Circuits: 40
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: KDR-1000

12/27/2011

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>25</u>	<u>10</u>
<u>2</u>	<u>13</u>
<u>1</u>	<u>13</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity

Circuit Style

1

4

Bells

Horns

Chimes

Strobes

Speakers

Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

2/3

Building Temp.

Site Water Temp.

Site Water Level

Fire Pump Power

Fire Pump Running

Fire Pump Auto Position

Fire Pump or Pump Controller Trouble

Fire Pump Running

Generator In Auto Position

Generator or Controller Trouble

Switch Transfer

Generator Engine Running

Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1

Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage

120VAC

Amps

4.0

Overcurrent Protection: Type

CIRCUIT BREAKER

Amps

20

Location (of Primary Supply Panelboard):

ELECTRICAL RM PANEL LL-7

Disconnecting Means Location:

RT # 11

(b) Secondary (Standby):

2X12VDC

Storage Battery: Amp-Hr. Rating

7.0

Calculated capacity to operate system, in hours:

24

60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell

☐ Nickel-Cadmium

☒ Sealed Lead-Acid

☐ Lead-Acid

☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

☒ Emergency system described in NFPA 70, Article 700

☒ Legally required standby described in NFPA 70, Article 701

☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
M.D. Transit	AW
Advisory	AW
Sargip	AW

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

V = 26.1 Volts
dated 2011
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK
OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
	SD Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Duct Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Heat Det	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A.

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>Alarm</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Phone</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)			
<i>Smoke</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Alarm</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Sergio</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>M. D. Strawn</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Advisory</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

All system normal

System restored to normal operation: Date: *12/28/12* Time: *AM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *TCVIAUSTIN ONELIO* Date: *12/28/12* Time: *AM*

Signature: _____

Name of Owner or Representative: _____

Date: *12/28/12* Time: *AM*

Signature: _____



INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/28/2012TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: CIVIC CENTER Rail StationAddress: 1501 NW 12th AVE MIAMI FL

Owner Contact: _____

Telephone: _____

MONITORING ENTITY

Contact: M.D. TRANEIT-

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDECircuit Styles: 84Number of Circuits: 51

Software Rev.: _____

Model No.: KDR-1000Last Date System Had Any Service Performed: 3/3/2011

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>18</u>	<u>3</u>
<u>2</u>	<u>3</u>
_____	_____
_____	_____
_____	_____
_____	_____

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4
 Overcurrent Protection: Type BROOKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL LL-1
 Disconnecting Means Location: _____

(b) Secondary (Standby):
24VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
 - ☒ Legally required standby described in NFPA 70, Article 701
 - ☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>NOT</i>	<i>AM</i>
<i>Advisory</i>	<i>AM</i>
<i>Seagis</i>	<i>AM</i>

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>OK</i>
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		<i>Y-26.1 volts</i>
Load Voltage		<input checked="" type="checkbox"/>	<i>Dated 201</i>
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	<i>OK</i>
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

Visual	Functional	Comments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>OK</i>

REMOTE ANNUNCIATORS

Visual	Functional	Comments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>OK</i>

NOTIFICATION APPLIANCES

Visual	Functional	Comments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<i>OK</i>

Voice Clarity

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
	<i>SD Detect</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Druck Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Heat Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>Elev. & escalator</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>A/C shut down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Fan interlock</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <u>SPARK/ENG</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>Halon system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

*any elevator recall not elevator recall
and Zone 13 escalator 1 in trouble by repair.*

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Scario</u>	
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MD Transmitt</u>	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Adorsony</u>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

see report

System restored to normal operation: Date: 12/22/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JON QUONIA / ONELO Date: 12/22/12 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 12/28/12 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

2345893

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: MDTRANSIT
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: 484
 Number of Circuits: 1
 Software Rev.: _____
 Last Date System Had Any Service Performed: 1-12-2012
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 01-11-13
 TIME: AM

PROPERTY NAME (USER)

Name: Coralway MAINTENANCE BLDG (1)
 Address: 2775 SW 74TH AV MIAMI
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>16</u>	<u>4</u>
<u>31</u>	<u>4</u>
<u>15</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>2</u>	<u>4</u>

Manual Fire Alarm Boxes
 Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ✓ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity

Circuit Style

71
12

y

y

Bells
Horns STROBES
Chimes
Strobes
Speakers
Other (Specify): _____

No. of alarm notification appliance circuits: 14
Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

[illegible][illegible]

Building Temp.
 Site Water Temp.
 Site Water Level
 Fire Pump Power
 Fire Pump Running
 Fire Pump Auto Position
 Fire Pump or Pump Controller Trouble
 Fire Pump Running
 Generator In Auto Position
 Generator or Controller Trouble
 Switch Transfer
 Generator Engine Running
 Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1);

Quantity 14 Style(s) 9

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.5
Overcurrent Protection: Type BREAKER Amps 20
Location (of Primary Supply Panelboard): 2ND FL PANEL 8ER ELECTRIC ROOM
Disconnecting Means Location:

(b) Secondary (Standby): 2x12 VDC Storage Battery: Amp-Hr. Rating 25
Calculated capacity to operate system, in hours: (24) 60
Engine-driven generator dedicated to fire alarm system
Location of fuel storage:

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MD TRANSIT	AM
ADVISORY	AM
SERGIO	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

DATED 2007
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
16	PLI STATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
31	S. DETECT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	D. DETECT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	H. DETECT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) AC. SHUT DOWN
 (Specify) SPRINKLER SYSTEM
 (Specify) _____

Visual	Device Operation	Simulated Operation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____
 (Specify) _____
 (Specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	<u>OK</u>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sergio</u>	<u>AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDT</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Adulcory</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: ALL SYSTEM NORMAL

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J. Guigueira & Quelio Date: 1-11-2013 Time: AM
 Signature: _____
 Name of Owner or Representative: _____
 Date: 01-11-2013 Time: AM
 Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # <u>2345833</u>		Target Date	Serial Num
Asset: <u>CW-FACP-2</u>	<u>Fire Alarm Control Panel at Coral Way Transp. Bldg #2(Main Panel)</u>	<u>12/30/12</u>	
Parent:		Status:	<u>R</u>
PM: <u>FIREPM4</u>			
PM Description: <u>Fire Panel Vendor Certification - Annual / MRC: 350</u>			
Location: <u>CW</u>			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 01-11-2013

TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc

Address: 7487 S.W. 50th Terrace, Miami, FL 33155

Representative: Carlos Javech

License No.: EC - 13001219

Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Coralway Bus Transp. Administr. (2)

Address: 2775 SW 74th Av MIAMI

Owner Contact: Sergio

Telephone:

MONITORING ENTITY

Contact: MD TRANSIT CENT. CONTR

Telephone:

Monitoring Account Ref. No.:

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex

Circuit Styles: 4 & 4

Number of Circuits: 1

Software Rev.:

Model No.: 4100

Last Date System Had Any Service Performed: 01-12-2012

Last Date that Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
8	4
41	4
8	4
2	4

Manual Fire Alarm Boxes

- Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled _____ enabled ✓

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>18</u>	<u>7</u>	Bells
<u>8</u>	<u>7</u>	Horns <u>STROBES</u>
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 4

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 4 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4.5
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): 1ST FL ELECTRICAL RM PANELZER
 Disconnecting Means Location: CKT#1

(b) Secondary (Standby): 2X12VDC Storage Battery: Amp-Hr. Rating 50
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☒ Lead-Acid
☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MD TRANSIT	AM
ADVISORY	AM
SENGU	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
9	Pull Station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
41	St. Defect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Heat Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Heat Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
ELSV. 1202A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AK SHOT DOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures:

not elevator recall because because
elevator control is brand old

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BRADY	AM
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MDT	AM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADVISORY	AM
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

All system normal

System restored to normal operation: Date: 1/10/13 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: J. QUINLAN / ONBUO Date: 1/11/13 Time: AM

Signature: [Signature]

Name of Owner or Representative: [Signature]

Date: 1/11/13 Time: AM

Signature: [Signature]



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2265082		<u>Target Date</u>	<u>Serial Num</u>
Asset: CW-FACP-3	Fire Alarm Control Panel at Coral Way Fuel Isld Bldg #3	12/30/12	
Parent:		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: CW			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

2265082

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/11/2013TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Coral Way Bus Fuel Island. (3)Address: 2775 SW 74th Ave MiamiOwner Contact: Sergio

Telephone: _____

MONITORING ENTITY

Contact: MD Transit Central control

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: SimplexCircuit Styles: BF4Number of Circuits: 1

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>2</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>4</u>	<u>4</u>
_____	_____
_____	_____

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>2</u>	<u>4</u>	Bells
<u>6</u>	<u>4</u>	Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____
No. of alarm notification appliance circuits: <u>2</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
<u>N/A</u>	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4.5
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): PANEL 3ER
 Disconnecting Means Location: CKT # 8

(b) Secondary (Standby): 2X12VDC Storage Battery: Amp-Hr. Rating 25
 Calculated capacity to operate system, in hours: 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MD Transit	SW
Advisory	24
Sergio	SH

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	Date 12/6/200
Discharge Test		<input checked="" type="checkbox"/>	OK
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	OK
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
2	Full stat.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Sp detect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Heat Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify) GAS VALVE
 (Specify) _____
 (Specify) _____

Visual	Device Operation	Simulated Operation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____
 (Specify) _____
 (Specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sergio</u>	<u>AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDT/PAWST</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ADVISORY</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: All system normal

System restored to normal operation: Date: 1/11/13 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JOSQUINA OMBLID Date: 1/11/13 Time: AM
 Signature: _____
 Name of Owner or Representative: _____
 Date: 1/11/13 Time: AM
 Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: MDT
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) MIAMI DADE TRANSIT

DATE: 12/20/2012TIME: AM

PROPERTY NAME (USER)

Name: Dadeland North Rail Station
 Address: 8320 South Dixie Hwy
 Owner Contact: Sergio
 Telephone: 3/986-0060

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDLECircuit Styles: 134Number of Circuits: 41

Software Rev.: _____

Last Date System Had Any Service Performed: 12/21/2011

Last Date that Any Software or Configuration Was Revised: _____

Model No.: KD8-1000

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>24</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>2</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled ☐

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity

Circuit Style

1

4

Bells
Horns
Chimes
Strobes
Speakers
Other (Specify): _____

No. of alarm notification appliance circuits: 1
Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

N/A

Building Temp.
Site Water Temp.
Site Water Level
Fire Pump Power
Fire Pump Running
Fire Pump Auto Position
Fire Pump or Pump Controller Trouble
Fire Pump Running
Generator In Auto Position
Generator or Controller Trouble
Switch Transfer
Generator Engine Running
Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V AC Amps 6.0
Overcurrent Protection: Type BREAKER Amps 20
Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL LL1
Disconnecting Means Location: CKT #13

(b) Secondary (Standby):
2x12VDC Storage Battery: Amp-Hr. Rating 7.0
Calculated capacity to operate system, in hours: 24 Engine-driven generator dedicated to fire alarm system: 60

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>MDT</i>	<i>AM</i>
<i>Advisory</i>	<i>AM</i>
<i>Seagio</i>	<i>AM</i>

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDs
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

24.2 volts
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>24</i>	<i>S. Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>2</i>	<i>Heat Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>2</i>	<i>Dust Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>A/C Shut down</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Elev. / escalator</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>FAN INTERLOCK</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <i>Halogen system</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <i>SPRINKLER</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <i>INTRUSION</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>AM</i>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>AM</i>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>AM</i>	<i>OK</i>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>AM</i>	
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Sergio</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>MDT</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ALVISO</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

ALL SYSTEM NORMAL

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *J. V. BUELL* Date: *12/20/12* Time: *AM*

Signature: _____

Name of Owner or Representative: _____

Date: *12/20/12* Time: *AM*

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order #	2190361	Target Date		Serial Num	
Asset:	DLNG-FACP	Fire Alarm Control Panel at Dadeland North Parking Garage	12/30/12		
Parent:	DLN		Status:		R
PM:	FIREPM4				
PM Description:	Fire Panel Vendor Certification - Annual / MRC: 350				
Location:	DLN STA				
Employee #:					
Name:					
Start Date:					
Completed Date:					
Labor Hours:					
NOTES:					

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: 4DTRANSIT
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) LOCAL

Control Unit Manufacturer: Simplex
 Circuit Styles: BEY
 Number of Circuits: 1
 Software Rev.: 11-08
 Last Date System Had Any Service Performed: 12/20/2011
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 12/20/2012
 TIME: PM

PROPERTY NAME (USER)

Name: Dorland North Parking Garage
 Address: 8310 south Dixie Hwy
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 41004

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>38</u>	<u>4</u>
<u>5</u>	<u>4</u>
<u>30</u>	<u>4</u>
<u>25</u>	<u>4</u>
<u>35</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors

Waterflow Switches
 Supervisory Switches

Other (Specify): tamper switch. sprinkles

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity

Circuit Style

_____	_____
_____	_____
258	9
87	14

Bells
Horns
Chimes
Strobes
Speakers
Other (Specify): _____

No. of alarm notification appliance circuits: 8 of 10
Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

_____	_____
_____	_____
1	4
1	4
1	4
1	4
1	4
1	4
1	4
1	4

Building Temp.
Site Water Temp.
Site Water Level
Fire Pump Power
Fire Pump Running
Fire Pump Auto Position
Fire Pump or Pump Controller Trouble
Fire Pump Running
Generator In Auto Position
Generator or Controller Trouble
Switch Transfer
Generator Engine Running
Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.0
Overcurrent Protection: Type BROOKER Amps 20
Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL ELL-1
Disconnecting Means Location: CKT #43 AND 45

(b) Secondary (Standby):
2x 12V DL Storage Battery: Amp-Hr. Rating 50
Calculated capacity to operate system, in hours: 24 60
POWER GENERATOR at station Engine-driven generator dedicated to fire alarm system:
Location of fuel storage: 1ST FL GENERATOR RM

TYPE BATTERY

- ☐ Dry Cell
☒ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
LOCAL	PM
ADVISORY	PM
Genaro	PM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

see report

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
3B	Pull Station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Speaker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
30	Heat Det	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	Waterflow	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	Tamper	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>OK</i>
Amplifier(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>Elev. Recall</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Generator</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Voice Evac</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <i>Sprinkler system</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments:

Power's booster from 5 to 10 and electrical power off by flood, they need to replace the batteries and put the power "on"

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Seniro</i>	
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Local</i>	
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	<i>Advisory</i>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

Not working properly at this time, see comments

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *JENIQUEIRA / ONBIO* Date: *12/20/12* Time: *PM*
 Signature: _____
 Name of Owner or Representative: *[Signature]*
 Date: *12/20/12* Time: *PM*
 Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # **2190362**

Target Date

Serial Num

Asset: **DLS-FACP**

Fire Alarm Control Panel at Dadeland South Station

12/30/12

Parent: **DLS**

Status:

R

PM: **FIREPM4**

PM Description: **Fire Panel Vendor Certification - Annual / MRC: 350**

Location: **DLS STA**

Employee #:

Name:

Start Date:

Completed Date:

Labor Hours:

NOTES:

2190362

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/20/2012
TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Dadeland South Rail station
Address: 9090 S. DIXIE HWAY
Owner Contact: Allen SMOK
Telephone: _____

MONITORING ENTITY

Contact: _____
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) M. D. transit

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDE
Circuit Styles: B & Y
Number of Circuits: 25 of 48
Software Rev.: _____
Last Date System Had Any Service Performed: 12/20/2011
Last Date that Any Software or Configuration Was Revised: _____

Model No.: KDR-100

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>26</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>2</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors
Photo Detectors
Duct Detectors
Heat Detectors
Waterflow Switches
Supervisory Switches
Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity

Circuit Style

1

4

Bells

Horns

Chimes

Strobes

Speakers

Other (Specify): _____

No. of alarm notification appliance circuits: 1 of 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

N/A

Building Temp.

Site Water Temp.

Site Water Level

Fire Pump Power

Fire Pump Running

Fire Pump Auto Position

Fire Pump or Pump Controller Trouble

Fire Pump Running

Generator In Auto Position

Generator or Controller Trouble

Switch Transfer

Generator Engine Running

Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1

Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 50

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL LL 2

Disconnecting Means Location: CKT # 13

(b) Secondary (Standby):

2X12VDC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: (24) 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell

☐ Nickel-Cadmium

☒ Sealed Lead-Acid

☐ Lead-Acid

☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

☒ Emergency system described in NFPA 70, Article 700

☒ Legally required standby described in NFPA 70, Article 701

☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MDT	AM
Advisory	AM
Sengid	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

26.1 volts.
OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
26	SDetect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Duet Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>A/E shut down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Escalator, recall/escalator</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FAN shut down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <u>Sprinkler system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>Halon system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	<u>OK</u>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SERGEANT</u>	<u>AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>NDF</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ADVISORY</u>	<u>AM</u>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

ALL SYSTEM NORMAL

System restored to normal operation: Date: 12/20/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J. C. QUINN / ONEILL Date: 12/20/12 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 12/20/12 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2265086		Target Date	Serial Num
Asset: DPM-FACP	Fire Alarm Control Panel at Mover Maintenance Bldg	12/30/12	
Parent: MNT		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location:			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

2065086

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/9/2013
TIME: 1 AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: MDT MAINTENANCE BLDG
Address: 100 SW 1st Ave Miami
Owner Contact: Sergio
Telephone: _____

MONITORING ENTITY

Contact: MDTRANSIT
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☐ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: GANOWELL
Circuit Styles: 134
Number of Circuits: 6
Software Rev.: _____
Last Date System Had Any Service Performed: _____
Last Date that Any Software or Configuration Was Revised: _____

Model No.: 2AN5 - 200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>6</u>	<u>13</u>
<u>31</u>	<u>12</u>
<u>2</u>	<u>13</u>
<u>32</u>	<u>13</u>
_____	_____
_____	_____

Manual Fire Alarm Boxes
Ion Detectors
Photo Detectors
Duct Detectors
Heat Detectors
Waterflow Switches
Supervisory Switches
Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>6</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify):
No. of alarm notification appliance circuits: <u>2</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 20
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL EL 11
 Disconnecting Means Location: CKT # 7 & 9

(b) Secondary (Standby): 2X12VDC Storage Battery: Amp-Hr. Rating 7

Calculated capacity to operate system, in hours: (24) 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>A/C Shut down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sergio</u>	<u>AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDT</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: All system normal

System restored to normal operation: Date: 1/9/2013 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JOSEBUENA / ONOLIO Date: 1/9/2013 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 1/9/2013 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order #	2265125	Target Date		Serial Num	
Asset:	DPZ-FACP	Fire Alarm Control Panel at Dupont Plaza Station		12/30/12	
Parent:	DPZ	Status:	R		
PM:	FIREPM4				
PM Description:	Fire Panel Vendor Certification - Annual / MRC: 350				
Location:					
Employee #:					
Name:					
Start Date:					
Completed Date:					
Labor Hours:					
NOTES:					

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/10/2013TIME: 4:44

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Mechanical Dept Equip. BldgAddress: 200 SE 2nd StOwner Contact: Sergio

Telephone: _____

MONITORING ENTITY

Contact: M. D. Transit

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: GANNETTCircuit Styles: 13 & 4Number of Circuits: 3

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

Model No.: 2ALB 2001/9/2011

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

1
3

13
13

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL 5L
 Disconnecting Means Location: CRJ # 2

(b) Secondary (Standby): 2X12VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
☐ Legally required standby described in NFPA 70, Article 701
☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
N.D.H.	2/1
ADVISORY	2/1
2/19/10	2/1

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

Batteries tested
2/11
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
1	Pull station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Stretcher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>FAN shutdown</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SENARIO</i>	<i>AS</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>MDT</i>	<i>AS</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ADVISORY</i>	<i>AS</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: *All system normal*

System restored to normal operation: Date: *1/10/13* Time: *AS*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *JCU/ROGIM/ANBLID* Date: *1/10/13* Time: *AS*
 Signature: _____
 Name of Owner or Representative: _____
 Date: *1/10/2013* Time: *AS*
 Signature: _____

(NFPA Inspection and Testing, 4 of 4)

NOTES:

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/21/12TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Douglas Rd Rail StationAddress: 111 NW 2 AvenueOwner Contact: Sergio

Telephone: _____

MONITORING ENTITY

Contact: NOTRAVEL Central

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☐ Digital
☐ Reverse Priority
☒ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDECircuit Styles: B & YNumber of Circuits: 4

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

Model No.: KDR-100012-21-2012

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

25B2B2B

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ✓ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____
No. of alarm notification appliance circuits: <u>1</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>4/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 5.0
 Overcurrent Protection: Type BREAKER Amps 3.0
 Location (of Primary Supply Panelboard): ELECTRICAL RM LL-1
 Disconnecting Means Location: CKT #13 AND 11

(b) Secondary (Standby): 2x 12VDC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: (24) 60
 Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who

Time

Advisory
Service
pay
pm

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

☒
☒
☒
☒
☒
☒
☒
☒

☒
☒
☒
☒
☒
☒
☒
☒

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

☒

☒
☒
☒
☒
☐

26.2 volts
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☐

☒

☒

☒

☒

☒

☒

☒

☐

☒

☒

☒

☒

☒

☒

☒

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>25</i>	<i>SP Detector</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>2</i>	<i>Heat Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>2</i>	<i>Duct Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

(NFPA Inspection and Testing, 3 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
AC-SHUT DOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELEV. RECALL and escalator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FAN INTERLOCK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
HALLION SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTRUSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	1
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	OK
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	1

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	SCRG10	PM
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	NOT	PM
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	ADVISORY	PM
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

ALL SYSTEM NORMAL

System restored to normal operation: Date: 12-21-2012 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J.C. Viqueira / Ducllo Date: 12-21-2012 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 12-21-2012 Time: PM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/26/2012
 TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: DOUGLAS OVER PASS North Tower
 Address: 111 RUIZ AVE Miami FL
 Owner Contact: Sergio
 Telephone: _____

MONITORING ENTITY

Contact: Miami Dade Transit
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: Silent Knight
 Circuit Styles: 13 & 4
 Number of Circuits: 2 of 8
 Software Rev.: _____

Model No.: SK 5207

Last Date System Had Any Service Performed: 12/23/2011
 Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who

Time

<i>MPT</i>	<i>AM</i>
<i>ARMED</i>	<i>AM</i>
<i>SLIP</i>	<i>AM</i>

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>1</i>	<i>SNOKE DET</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>1</i>	<i>HEAT DET</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>7</u>	Bells
		Horns <u>strobe</u>
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 2 of 4

Are circuits monitored for integrity? ☐ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 7

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4
 Overcurrent Protection: Type CIRCUIT BREAKER Amps 20
 Location (of Primary Supply Panelboard): PANEL 12" MAIN 2
 Disconnecting Means Location: CKT #8

(b) Secondary (Standby): 2X 12VDC Storage Battery: Amp-Hr. Rating 4.5
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>ELEVATOR NORMAL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SLAG 10</u>	<u>02</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDH</u>	<u>04</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ADVISORY</u>	<u>06</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: N/A system Normal

System restored to normal operation: Date: 12/26/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: J. C. BOUTIN / ONELO Date: 12/26/12 Time: 09

Signature: _____

Name of Owner or Representative: _____

Date: 12/26/12 Signature: [Signature]

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/26/12
 TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Douglas Rd over Pass Southwest
 Address: 111 Ruiz Ave
 Owner Contact: Miami Dade (sergio)
 Telephone: _____

MONITORING ENTITY

Contact: MIAMI DADE TRANSIT
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: Silent Knight
 Circuit Styles: B & Y
 Number of Circuits: 2 of 8
 Software Rev.: _____

Model No.: SK-5207

Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>7</u>	
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled ☐

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>9</u>	Bells
		Horns <u>3 strokes</u>
		Chimes
		Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: 2 of 4

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): PANEL "B" ELECTRIC RM
 Disconnecting Means Location: OUT #2

(b) Secondary (Standby): 2X12VDC Storage Battery: Amp-Hr. Rating 4.5
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage:

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who

Time

_____	_____
_____	_____
_____	_____
_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
1	Smoke Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	Heat Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments

(NFPA Inspection and Testing, 3 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>BLU. NORM</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sergio</u>	<u>AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDT</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Alarm</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

N/A system normal

System restored to normal operation: Date: 12/26/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: STEWART / ONYX Date: 12/26/12 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 12/26/12 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2265146		Target Date	Serial Num
Asset: EHS-FACP	Fire Alarm Control Panel at Eighth Street Station	12/30/12	
Parent: EHS		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: EHS STA			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

2245146

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: MDT
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: B & Y
 Number of Circuits: 30 / 8
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 03-09-2013
 TIME: PM

PROPERTY NAME (USER)

Name: Metro Tower 8th ST STATION
 Address: 59 SE 8th STREET
 Owner Contact: SERGIO
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 4002

03-06-2012

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>2</u>	<u>B</u>
<u>7</u>	<u>B</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Manual Fire Alarm Boxes
 Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ✓ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): <u>HORN STROBE</u>
No. of alarm notification appliance circuits: <u>2</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL EL
 Disconnecting Means Location: CKT #9

(b) Secondary (Standby): 2x12 UDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☐ Sealed Lead-Acid
- ☒ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
ND TRASIT
ADVISORY
SERGIO

Time
PM
PM
PM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

DATED 2011

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>2</u>	<u>P. Station</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>S. DETECTOR</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

Phone Set
Phone Jacks
Off-Hook Indicator
Amplifier(s)
Tone Generator(s)
Call-in Signal
System Performance

Visual

Functional

Comments

☐
☐
☐
☐
☐
☐
☐

☐
☐
☐
☐
☐
☐
☐

N/A

INTERFACE EQUIPMENT

(Specify) ELEVATOR & SCALATOR
(Specify) _____
(Specify) _____

Visual

Device
Operation

Simulated
Operation

☒
☐
☐

☒
☐
☐

☐
☐
☐

SPECIAL HAZARD SYSTEMS

(Specify) _____
(Specify) _____
(Specify) _____

☐
☐
☐

☐
☐
☐

☐
☐
☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

Alarm Signal
Alarm Restoration
Trouble Signal
Supervisory Signal
Supervisory Restoration

Yes

No

Time

Comments

☒
☒
☒
☒
☒

☐
☐
☐
☐
☐

PM
PM
PM
PM
PM

OK

NOTIFICATIONS THAT TESTING IS COMPLETE

Building Management
Monitoring Agency
Building Occupants
Other (Specify) _____

Yes

No

Who

Time

☒
☒
☒
☐

☐
☐
☐
☐

Sergio
MPT
ADVISORY

PM
PM
PM

The following did not operate correctly: _____

ALL SYSTEM NORMAL

System restored to normal operation: Date: 01-09-2013 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J.C. Viqueira & Oviedo Date: 01-09-2013 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 01-09-2013 Time: PM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

Work Order #: **2479270**

Target Date

Serial Num

Asset:	EHT/PG -FACP	Fire Alarm Control Panel at Earlington Heights Parking Garage
--------	--------------	---

12/30/12

Parent: EHT

Status:

R

PM: FIREPM4

PM Description: Fire Panel Vendor Certification - Annual / MRC: 350

Location: EHT STA

Employee #:

Name:

Start Date:

Completed Date:

Labor Hours:

NOTES:

PM Count: 72

2012

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 8-13-2012
 TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: CAR GET READY FACILITY
 Address: 2100 N.W. 41 ST.
 Owner Contact: BILL THAMMAS
 Telephone: 305-633-7678

MONITORING ENTITY

Contact: N/A
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☐ Digital
☐ Reverse Priority
☐ RF
☒ Other (Specify) LOCAL

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: B 4 7
 Number of Circuits: 22
 Software Rev.: _____

Model No.: 2101-2005

Last Date System Had Any Service Performed: 12-30-11
 Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>34</u>	<u>B</u>
<u>4</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>6</u>	<u>B</u>
<u>7</u>	<u>B</u>
<u>2</u>	

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches

Other (Specify): POWER BOOSTERS

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity

Circuit Style

Bells

Horns

Chimes

Strobes

Speakers

Other (Specify):

No. of alarm notification appliance circuits: 16
Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

Building Temp.

Site Water Temp.

Site Water Level

Fire Pump Power

Fire Pump Running

Fire Pump Auto Position

Fire Pump or Pump Controller Trouble

Fire Pump Running

Generator In Auto Position

Generator or Controller Trouble

Switch Transfer

Generator Engine Running

Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 4

Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120

Amps

Overcurrent Protection: Type BREAKER

Amps 20

Location (of Primary Supply Panelboard): ELECT. RM PANEL ELL-1

Disconnecting Means Location:

(b) Secondary (Standby):

2 x 12V.

Storage Battery: Amp-Hr Rating 10

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

☒ Emergency system described in NFPA 70, Article 700

☒ Legally required standby described in NFPA 70, Article 701

☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who

Time

BILL THOMAS.

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☐

☐

☒

☐

☒

☐

☒

☒

☒

☐

☐

☒

☐

☒

☐

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N

Device Type

Visual Check

Functional Test

Factory Setting

Measured Setting

Pass

Fail

PULL
SMOKE
HORN

☒

☒

☒

☐

☐

☐

☒

☒

☒

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☒

☒

☒

☐

☐

☐

☐

☐

☐

☐

☐

☐

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

Phone Set
Phone Jacks
Off-Hook Indicator
Amplifier(s)
Tone Generator(s)
Call-in Signal
System Performance

Visual

Functional

Comments

☐
☐
☐
☒
☒
☒
☒

Device
Operation

Simulated
Operation

INTERFACE EQUIPMENT

(Specify) A/C SHUT DOWN
(Specify) _____
(Specify) _____

Visual

☒
☐
☐

SPECIAL HAZARD SYSTEMS

(Specify) _____
(Specify) _____
(Specify) _____

☐
☐
☐

☐
☐
☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

Alarm Signal
Alarm Restoration
Trouble Signal
Supervisory Signal
Supervisory Restoration

N/A

Yes No

☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

Time

Comments

NOTIFICATIONS THAT TESTING IS COMPLETE

Building Management
Monitoring Agency
Building Occupants
Other (Specify) _____

Yes No

☒ ☐
☐ ☐
☐ ☒
☐ ☐

Who

Time

The following did not operate correctly: _____

System restored to normal operation: Date: 8/13/12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. VIQUEIRA / J. DELSOL Date: 8/13/12 Time: PM

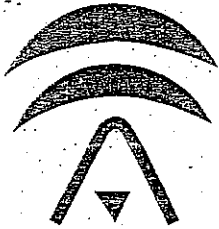
Signature: [Signature]

Name of Owner or Representative: BILL THOMAS

Date: 8/13/2012 Time: PM

Signature: [Signature]

(NFPA Inspection and Testing, 4 of 4)



FLORIDA FIRE ALARM, INC.

For All Your Fire Protection Needs

Ph: (305) 665-5158 • Fax: (305) 665.5157

7487 S.W. 50th Terrace • Miami, FL 33155

DATE: 12/13/12

SERVICE TICKET

EHT- Pg

8359

Florida Fire Alarm, Inc. #ECT300T219

CUSTOMER NAME: Car Get Ready Facility JOB SITE: FACILITY
ADDRESS: 2100 NW 41 ST ADDRESS: 2100 NW 41 ST
CITY: MIAMI ST: FL ZIP: CITY: MIAMI ZIP: FLORIDA
PHONE: FAX: CONTACT PERSON:

PAYMENT TERMS <input type="checkbox"/> Net 30 <input type="checkbox"/> Net 10 Days <input type="checkbox"/> Upon Receipt	SALES PERSON Initials: <u></u> <input type="checkbox"/> New Account	WORK PERFORMED BY: <u>JOAQUIN & JUAN LOPEZ</u>	TYPE OF SERVICE <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Service Call <input type="checkbox"/> Semi Annual
<input type="checkbox"/> Normal Business Hour Call Rate \$75.00/hr (8 a.m. to 4 p.m.) Monday through Friday		<input type="checkbox"/> After Hours Call Rate \$75.00/hr Min. 3 hrs. <input type="checkbox"/> Special Holidays Call Rate \$125.00/hr	

SERVICE PERFORMED	QTY	PRICE EACH	TOTAL
1 FOREMAN	1	57.20	57.20
1 ASSISTANT	1	46.80	46.80

MATERIALS USED	QTY	PRICE EACH	TOTAL
SYSTEM IN TROUBLE UPON ARRIVAL DU VOICE EVACUATION MANUAL SWITCHES IN WRONG POSITION (ACTUATED) RIGHT NOW SYSTEM WORKING PROPERLY			

Travel Time Charge: <u></u> <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	TOTAL LABOR
Labor Time Charge: <u></u> Time In: <u></u> Time Out: <u></u>	TOTAL MATERIALS
Total Labor Hours, Including Travel Time: <u></u> @ <u></u> an Hour	TAX
Customer Signature: <u>Billy Thompson</u>	TOTAL DUE <u>104.00</u>

Comments: SYSTEM NORMAL ON DEPARTURE



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2190363		Target Date	Serial Num
Asset: EHT-FACP	Fire Alarm Control Panel at Earlington Heights Station	12/30/12	
Parent: EHT		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: EHT STA			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: M.D. Transit
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDE
 Circuit Styles: 1B, 4
 Number of Circuits: 43
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 01/02/2013
 TIME: PM

PROPERTY NAME (USER)

Name: EARLINGTON HEIGHTS RD/ST.
 Address: 2101 NW 41th St Miami
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☐ Annually
☐ Other (Specify) _____

Model No.: KDR-1000

12/20/2011

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>25</u>	<u>1B</u>
<u>2</u>	<u>1B</u>
<u>2</u>	<u>1B</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled ☐

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity

Circuit Style

1

4

Bells

Horns

Chimes

Strobes

Speakers

Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

N/A

Building Temp.

Site Water Temp.

Site Water Level

Fire Pump Power

Fire Pump Running

Fire Pump Auto Position

Fire Pump or Pump Controller Trouble

Fire Pump Running

Generator In Auto Position

Generator or Controller Trouble

Switch Transfer

Generator Engine Running

Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1

Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V AC Amps 4.0

Overcurrent Protection: Type BR524672 Amps 20

Location (of Primary Supply Panelboard): ELECTRICAL RM PANNE LL-1

Disconnecting Means Location: CKT 13 & 11

(b) Secondary (Standby):

2X 12

Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell

☐ Nickel-Cadmium

☒ Sealed Lead-Acid

☐ Lead-Acid

☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

✓ Emergency system described in NFPA 70, Article 700

✓ Legally required standby described in NFPA 70, Article 701

✓ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
N.D. TRANSIT	AM
Advisory	AM
Sergio	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

NOTE 24
OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

DATED 5-2011

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK
OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
25	3-DETECT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	DUX-DETECT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	HEAT-DETECT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) E/EV-RECAL and scalator
 (Specify) A/C SHUT DOWN
 (Specify) HALLON SYSTEM

	Visual	Device Operation	Simulated Operation
(Specify) <u>E/EV-RECAL and scalator</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>A/C SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>HALLON SYSTEM</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) SPRINKLER
 (Specify) FAN INTERLOCK
 (Specify) _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	<u>OK</u>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	<u>Sergio</u>	<u>AM</u>
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	<u>NPT</u>	<u>AM</u>
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: All system normal

System restored to normal operation: Date: 01-02-2013 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J.G. Viqueira & Ouelio Date: 01-02-2013 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 01-02-2013 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

2265209

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 01/07/2013
TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: METROPOWER 11th street 3/2/2012
Address: _____
Owner Contact: _____
Telephone: _____

MONITORING ENTITY

Contact: MDTtransit Central control
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
Circuit Styles: 134
Number of Circuits: 608
Software Rev.: _____
Last Date System Had Any Service Performed: _____
Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4002

1/10/12

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>3</u>	<u>B</u>
<u>4</u>	<u>B</u>

Manual Fire Alarm Boxes
Ion Detectors
Photo Detectors
Duct Detectors
Heat Detectors
Waterflow Switches
Supervisory Switches
Other (Specify): _____

Alarm verification feature is disabled ☒ enabled ☐

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>2</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
<u>1</u>	<u>4</u>	Other (Specify): <u>Horn strobe</u>

No. of alarm notification appliance circuits: _____
 Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

N/A

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM ASB/EL
 Disconnecting Means Location: CKT # 10

(b) Secondary (Standby): 24/2VDC Storage Battery: Amp-Hr. Rating 7
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>MDT TRANSIT</i>	<i>AM</i>
<i>DELIVERY</i>	<i>PM</i>
<i>BRAND</i>	<i>PM</i>

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

Dated 2/2/2009
V = 24.1 volts

TRANSIENT SUPPRESSORS

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>3</i>	<i>Roll station</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>0</i>	<i>SD detector</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>ELEVATOR RECALL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>PAN SHUT DOWN</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SEARGIO</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>MDI</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ADVISORY</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: *N/A system down*

System restored to normal operation: Date: *1/7/2013* Time: *AM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *JOSEBUENA PEREZ* Date: *1/7/2013* Time: *AM*

Signature: _____

Name of Owner or Representative: _____

Date: *1/7/2013* Time: *AM*

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

om

Work Order #	<u>2265215</u>	<u>Target Date</u>	<u>Serial Num</u>
Asset:	FIN-FACP	12/30/12	
Parent:	FIN	Status:	R
PM:	FIREPM4		
PM Description:	Fire Panel Vendor Certification - Annual / MRC: 350		
Location:	FIN STA		
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: MDTRANSIT
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: B & Y
 Number of Circuits: 7 of 8
 Software Rev.: _____

Last Date System Had Any Service Performed: 1-6-2012
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 01-10-2013
 TIME: AM

PROPERTY NAME (USER)

Name: Metro Mover Financial District
 Address: 505 E 14th St Miami
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 4002

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>1</u>	<u>B</u>
<u>6</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>Y</u>	Bells
		Horns <u>STROBE</u>
		Chimes
		Strobes
<u>1</u>	<u>Y</u>	Speakers
		Other (Specify): _____
No. of alarm notification appliance circuits: _____		
Are circuits monitored for integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

N/A

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECTRICAL RM NEX TO FACD

Disconnecting Means Location: CKT #19

(b) Secondary (Standby): 2X 12VAC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- _____ Emergency system described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
LD TRANSIT	AM
Advisory	AM
Sergio	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

DATED 2010

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
1	PULLSTAT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	S. DETECT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) Elev. Recall
 (Specify) _____
 (Specify) _____

Visual	Device Operation	Simulated Operation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____
 (Specify) _____
 (Specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Elevator recall was tested.
and working properly.

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SLUGO</u>	<u>AY</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>N.D. (MAG)</u>	<u>AY</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ALUSOY</u>	<u>AY</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

All system normal

System restored to normal operation: Date: 1/10/13 Time: AY

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: JUAN C. VIGILAN Date: 1/10/13 Time: AY

Signature: _____

Name of Owner or Representative: _____

Date: 1/10/13

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/07/2013TIME: 2:45

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Metromover Freedom Tower StationAddress: 600 NE 2ND AVE MIAMI FLOwner Contact: Sergio

Telephone: _____

MONITORING ENTITY

Contact: MD Transit Central control.

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: SimplexCircuit Styles: B & YNumber of Circuits: 6 of 8

Software Rev.: _____

Last Date System Had Any Service Performed: 1/10/2012

Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4002

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

3
6

B
B

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>2</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
<u>1</u>	<u>4</u>	Speakers
	<u>c</u>	Other (Specify): <u>HORN SYMBOL</u>

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ☐ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
<u>w/b</u>		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL EL
 Disconnecting Means Location: CIT #14

(b) Secondary (Standby): 2x12VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>MTD/fragit</i>	<i>AM</i>
<i>ADVISORY</i>	<i>AM</i>
<i>Seagid</i>	<i>AM</i>

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDs
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

Dated 2009
OK

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☐

☐

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>3</i>	<i>Pull station</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Q</i>	<i>3 Detect</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>ELEVATOR</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>FAN SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures:

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Gerardo</u>	<u>AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>M.D.T.</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Adams</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

All system normal

System restored to normal operation: Date: 1/7/2013 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JCVIBUELOS Date: 1/7/2013 Time: AM

Signature: [Signature]

Name of Owner or Representative: [Signature]

Date: 1/7/2013 Time: AM

Signature: [Signature]

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2265218		<u>Target Date</u>	<u>Serial Num</u>
Asset: FST-FACP	Fire Alarm Control Panel at First Street Station	12/30/12	
Parent: FST		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: FST STA			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 01-08-2013

TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc

Address: 7487 S.W. 50th Terrace, Miami, FL 33155

Representative: Carlos Javech

License No.: EC - 13001219

Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: METROPOWER / STA STATION

Address: 225 NE 1ST STREET

Owner Contact: SERGIO

Telephone:

MONITORING ENTITY

Contact:

Telephone:

Monitoring Account Ref. No.:

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer:

FARADAY

Circuit Styles:

B & Y

Number of Circuits:

60 / 6

Software Rev.:

Last Date System Had Any Service Performed:

01-09-2012

Last Date that Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

1
6B
B

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify):

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 10/2

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4.0

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECTRICAL ROOM PAGE 1 EL

Disconnecting Means Location: CKT #38

(b) Secondary (Standby): 2X12VDC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- _____ Emergency system described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<u>NOTRANSIT</u>	<u>AH</u>
<u>Advisory</u>	<u>AH</u>
<u>Sergio</u>	<u>AH</u>

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		DATED 2004
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

REMOTE ANNUNCIATORS

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>1</u>	<u>P-STATION</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>S-DETECTOR</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) Elev Recall
 (Specify) FAN SHUT DOWN
 (Specify) _____

Visual	Device Operation	Simulated Operation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____
 (Specify) _____
 (Specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

ELEV. Recall working properly.

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

OK

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sergio</u>	<u>AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDTRANSIT</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 01-08-2013 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J.C. Viqueira and Ouellet Date: 01-08-2013 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 01-08-2013 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order #: **2265219**

Target Date

Serial Num

Asset: **FTH-FACP**

Fire Alarm Control Panel at Fifth Street Station

12/30/12

Parent: **FTH**

Status:

R

PM: **FIREPM4**

PM Description: **Fire Panel Vendor Certification - Annual / MRC: 350**

Location: **FTH STA**

Employee #:

Name:

Start Date:

Completed Date:

Labor Hours:

NOTES:

2265219

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: M. Dade Transport
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: 13 & 4
 Number of Circuits: 6 of 12
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 1/9/2013
 TIME: PM

PROPERTY NAME (USER)

Name: MetrolHaven 5th Street Miami
 Address: 35NE 5th Street Miami
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 4002

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>2</u>	<u>B</u>
<u>5</u>	<u>B</u>
<u>6</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): tamper switch.

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>4</u>
<u>4</u>	<u>4</u>
No. of alarm notification appliance circuits: <u>2</u>	
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Bells
 Horns
 Chimes
 Strobes
 Speakers
 Other (Specify): Horn strobes

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>B</u>

Building Temp.
 Site Water Temp.
 Site Water Level
 Fire Pump Power
 Fire Pump Running
 Fire Pump Auto Position
 Fire Pump or Pump Controller Trouble
 Fire Pump Running
 Generator In Auto Position
 Generator or Controller Trouble
 Switch Transfer
 Generator Engine Running
 Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4
 Overcurrent Protection: Type BREAKER Amps 20 "EL"
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL
 Disconnecting Means Location: CURT # 4

(b) Secondary (Standby): 2x12VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☒ Lead-Acid
☐ Other (Specify):

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
MDT
ADVISORY
Seqin

Time

AM
AM
AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

☒
☒
☒
☒
☒
☒
☒
☒

☒
☒
☒
☒
☒
☒
☒
☒

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

☒

☒
☒
☒
☒

tested 2/6/10
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☐

☐

☐

☒

☒

☐

☒

☒

☐

☐

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>2</u>	<u>Pull Station</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>Smoke Test</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>ELEVATOR RECALL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SPRINKLER</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: *ELEVATOR RECALL working properly.*

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SLAGIO</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>MTD RANGIT</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ADVISORY</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: *All system normal*

System restored to normal operation: Date: *1/9/2013* Time: *PM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *JENKINS / OUBRID* Date: *1/9/2013* Time: *PM*
 Signature: *[Signature]*
 Name of Owner or Representative: *[Signature]*
 Date: *1/9/2013* Time: *AM*
 Signature: *[Signature]*

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2265220		<u>Target Date</u>	<u>Serial Num</u>
Asset: GAP1(195)-FACP Fire Alarm Control Panel at Gap1 (I-95)		12/30/12	
Parent:		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location:			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: Miami Dock Transport
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: 13 & 4
 Number of Circuits: 8
 Software Rev.: _____

Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 12/21/12
 TIME: PM

PROPERTY NAME (USER)

Name: Gap 715 I-95
 Address: South Miami Ave / 19th Rd
 Owner Contact: SENGIO
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 4002

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

12
2
2

13
13
13

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ☐ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM
 Disconnecting Means Location: CK # 7

(b) Secondary (Standby): 2 x 12VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
M.D. Transit	AM
Alvord	AM
Scarp	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☐

☐

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☐
☐
☐

☐
☐
☐
☐

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
R	ST Defect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Defect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Heat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>A/C Shutoff</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
<u>Halon System</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sengio</u>	<u>PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>UPPERMONT</u>	<u>PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>URGENT</u>	<u>PM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

ALL SYSTEM WORKING

System restored to normal operation: Date: 12/26/12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JOVIAQUINA ABLO Date: 12/26/12 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 12/26/12 Time: PM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2190364		<u>Target Date</u>	<u>Serial Num</u>
Asset: GVT-FACP	Fire Alarm Control Panel at Gvt Center (1st Floor- Ground Level- Kiddie)	12/30/12	
Parent: GVT		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: GVT STA			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

2190364

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12-27-2012
 TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Metra Rail Gov Center
 Address: 111 W. FLAGLER ST
 Owner Contact: Sergio
 Telephone: _____

MONITORING ENTITY

Contact: _____
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify): Remote M.D.T

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify): _____

Control Unit Manufacturer: KIDDE
 Circuit Styles: B & Y
 Number of Circuits: 82
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: KDR-1000

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>2</u>	<u>B</u>
<u>69</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>14</u>	<u>B</u>
<u>14</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>4</u>	<u>Y</u>	Bells
<u>3</u>	<u>Y</u>	Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 6

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 6 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 6
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): PANEL AL Elect. Room
 Disconnecting Means Location: CKT #29

(b) Secondary (Standby): 24 12 VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
 - ☒ Legally required standby described in NFPA 70, Article 701
 - ☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
MDT
ADVISORY
SGRG10

Time
AM
AM
AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDs
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

DATE - 2010
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
	<u>S. DETEC</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>D. DETEC</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) Elev. Recall
 (Specify) AG. SHUT Down
 (Specify) FANS

	Visual	Device Operation	Simulated Operation
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) SPRINKLER
 (Specify) HALLOW SIST
 (Specify) INTRUSION

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	<u>OK</u>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SERGIO</u>	<u>AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>HDT</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 12-27-2012 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J.C. Viqueira-Onelio Date: 12-27-2012 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 12-27-2012 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/27/2012
TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: REVERIE GOVERNMENT CENTER
Address: 111 NW 1st Street Miami
Owner Contact: Sergio
Telephone: _____

MONITORING ENTITY

Contact: Miami Dade Transit
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

- ☐
- McCulloh
-
- ☐
- Multiplex
-
- ☒
- Digital
-
- ☒
- Reverse Priority
-
- ☐
- RF
-
- ☐
- Other (Specify) _____

SERVICE

- ☐
- Weekly
-
- ☐
- Monthly
-
- ☐
- Quarterly
-
- ☐
- Semiannually
-
- ☒
- Annually
-
- ☐
- Other (Specify)
- EST-2

Control Unit Manufacturer: EDWARDSCircuit Styles: 4 & 4Number of Circuits: 1

Software Rev.: _____

Model No.: _____

Last Date System Had Any Service Performed: 2/24/2012

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>2</u>	<u>4</u>
<u>8</u>	<u>4</u>
<u>4</u>	<u>4</u>
<u>3</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): tamperAlarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>3</u>	<u>4</u>	Bells
<u>4</u>	<u>4</u>	Horns <u>Strobes</u>
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>2 1/6</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4.0

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL AL 2ND FL

Disconnecting Means Location: CK# 29

(b) Secondary (Standby): 2x12VDC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MDT	11/11
ADVISORY	11/11
CLERK	11/11

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	Dated 2004
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input checked="" type="checkbox"/>	

TRANSIENT SUPPRESSORS

Visual	Functional	Comments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK

REMOTE ANNUNCIATORS

Visual	Functional	Comments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK

NOTIFICATION APPLIANCES

Visual	Functional	Comments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Audible

Visible

Speakers

Voice Clarity

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
	Pull station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SDA factory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Det Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT		Visual	Functional	Comments
Phone Set		<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks		<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator		<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)		<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)		<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal		<input type="checkbox"/>	<input type="checkbox"/>	
System Performance		<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT		Visual	Device Operation	Simulated Operation
(Specify) <u>ELCV. recall</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS		Visual	Device Operation	Simulated Operation
(Specify) <u>sprinkler system</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING		Yes	No	Time	Comments
Alarm Signal		<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration		<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal		<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal		<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration		<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE		Yes	No	Who	Time
Building Management		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sengio</u>	<u>AM</u>
Monitoring Agency		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDT</u>	<u>AM</u>
Building Occupants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Alverson</u>	<u>AM</u>
Other (Specify) _____		<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: All system working properly

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JOSUE VERA / JONAS Date: 12/27/12 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 12/27/12 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

2190160

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 01/03/2013TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: HIALEAH Rail StationAddress: 115 EAST 21st ST HIALEAHOwner Contact: 524970

Telephone: _____

MONITORING ENTITY

Contact: MD. TRAN

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDECircuit Styles: 3/4Number of Circuits: 42

Software Rev.: _____

Model No.: KD2-100Last Date System Had Any Service Performed: 1/3/2012

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>25</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>2</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____
No. of alarm notification appliance circuits: <u>1</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL LL-1
 Disconnecting Means Location: CKT #13

(b) Secondary (Standby): 24/12VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>MDIT/NA/ST</i>	<i>44</i>
<i>Advisory</i>	<i>44</i>
<i>SLAGID</i>	<i>44</i>

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

☒
☒
☒
☒
☒
☒
☒
☒

☐
☐
☐
☐
☐
☐
☐
☐

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

☒

☒
☒
☒
☐

Dated 2009
V = 26.3 volts

TRANSIENT SUPPRESSORS

☐

☒

REMOTE ANNUNCIATORS

☒

☒

NOTIFICATION APPLIANCES

Audible

☒

☒

Visible

☐

☐

Speakers

☐

☐

Voice Clarity

☐

☐

OK
OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>25</i>	<i>Smoke</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>2</i>	<i>Duct Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>2</i>	<i>Heat Det</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>ELEV. NOT CALL & SCALDOR</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>FAN INTERLOCK</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <u>Halon system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>SPRINKLER system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures:

#2 ELEV. NOT CALL NOT WORKING w/ Elevator

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Gerard</u>	<u>PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>NO TRANSIT</u>	<u>PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisor</u>	<u>PM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

See AHT report

System restored to normal operation: Date: 01/03/13 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JCN/QUOTRA/ONORIO Date: 01/03/13 Time: PM

Signature:

Name of Owner or Representative:

Date: 01/03/13 Time: PM

Signature:

(NFPA Inspection and Testing, 4 of 4)

2265222

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156DATE: 01-10-2013TIME: AM

PROPERTY NAME (USER)

Name: METRONOVER KNIGHT CENTERAddress: 100 NE 2nd ST MIAMIOwner Contact: SERGIO

Telephone: _____

MONITORING ENTITY

Contact: MDT TRANSIT

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: FARADAYCircuit Styles: B & YNumber of Circuits: 8

Software Rev.: _____

Model No.: 7800Last Date System Had Any Service Performed: 1-11-12

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

3
18B
B

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>3</u>	<u>X</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____
No. of alarm notification appliance circuits: <u>3</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 3 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL EL
 Disconnecting Means Location: _____

(b) Secondary (Standby): 2X12VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency system described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
4DTRANSIT	AM
Advisory	AM
Sergio	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

☒
☒
☒
☒
☒
☒
☒
☒

Functional

☒
☒
☒
☒
☒
☒
☒
☒

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

☒

Functional

☒
☒
☒
☐

Comments

DATED 2011
OK

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☐

☐

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☒
☐
☐

☒
☒
☐
☐

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
3	Pull station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	S. DETECTOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) Elev. Recall
 (Specify) FAN SHUT DOWN
 (Specify) _____

Visual	Device Operation	Simulated Operation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) HALLWAY SISTR
 (Specify) _____
 (Specify) _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Zone B of Fire Alarm Panel
in trouble (Extinguisher Zone)

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	<u>OK</u>
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	<u>Sergio</u>	<u>AM</u>
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	<u>MDTRANSIT</u>	<u>AM</u>
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

See AHT report

System restored to normal operation: Date: 01-10-2013 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JC Viqueira & Ouelio Date: 01-10-2013 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 01-10-2013 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # <u>2265223</u>		Target Date	Serial Num
Asset: MIA-FACP Fire Alarm Control Panel at Miami Avenue Station		12/30/12	
Parent: MIA		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: MIA STA			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

2265223

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: M. D. Transit
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☒ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: B4
 Number of Circuits: 30/4
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 1/8/2013
 TIME: pm

PROPERTY NAME (USER)

Name: Metropolitan Downtown Miami AUB
 Address: 90 South Miami Ave
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 2001

7/8/2012

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>3</u>	<u>B</u>
<u>1</u>	<u>B</u>

Manual Fire Alarm Boxes

- Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY/SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4
 Overcurrent Protection: Type breaker Amps 20
 Location (of Primary Supply Panelboard): electrical rm panel EL
 Disconnecting Means Location: ckt +

(b) Secondary (Standby): 12 VDC Storage Battery: Amp-Hr. Rating 7

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>M.D. Trause</i>	<i>DN</i>
<i>Adams</i>	<i>DN</i>
<i>Garza</i>	<i>DN</i>

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

Tested 20V
OK

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☐

☐

NOTIFICATION APPLIANCES

Audible

☒

☒

Visible

☐

☐

Speakers

☐

☐

Voice Clarity

☐

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>3</i>	<i>Defect</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>1</i>	<i>Heat Det</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>BLOW-ROCK</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>PAN SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures:

BLOW-ROCK not working

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SLRGP</u>	<u>PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>NOT</u>	<u>PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ALVING</u>	<u>PM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

See AFR report

System restored to normal operation: Date: 1/8/2013 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J. MONTANA Date: 1/8/2013 Time: PM

Signature:

Name of Owner or Representative:

Date:

Signature:

(NFPA Inspection and Testing, 4 of 4)

Work Order # **2265224**

Target Date

Serial Num

Asset: MLK-FACP

Fire Alarm Control Panel at Martin Luther King Jr. Station

12/30/12

Parent: MLK

Status:

R

PM: FIREPM4

PM Description: Fire Panel Vendor Certification - Annual / MRC: 350

Location: MLK STA

Employee #:

Name:

Start Date:

Completed Date:

Labor Hours:

NOTES:

2465224

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 01/02/2013
 TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Martin L. King Jr Rail Station
 Address: 6205 NW 27th Ave
 Owner Contact: Senigio
 Telephone: _____

MONITORING ENTITY

Contact: HDT Transit Central Control
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDE
 Circuit Styles: 3/4
 Number of Circuits: 51
 Software Rev.: _____
 Last Date System Had Any Service Performed: 12/2/2011
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: KDR-1000

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>22</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>2</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>7</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 7

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 40
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL LL-1
 Disconnecting Means Location: CKT #19

(b) Secondary (Standby): 24 12VDC Storage Battery: Amp-Hr. Rating 710
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Who
M.D. Tronst
Advisory
Sign

Time

PM
PM
AY

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

☒
☒
☒
☒
☒
☒
☒
☒

☒
☒
☒
☒
☒
☒
☒
☒

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

☒

☒
☒
☒
☒

V = 26.4 Volts
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☐

☒

☒

☒

☐

☐

☐

☒

☐

☐

☐

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>22</u>	<u>SD Detect</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>SD Detect</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>Duct Det</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) <u>200 normally of simulator</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>2/e Shrt down</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>From interlock</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <u>RAIS system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>sprinkler system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Scungio</u>	<u>PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDH&H</u>	<u>PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: 1. 1200117

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: JCRIVERNA / JNORIO Date: 01/02/12 Time: PM

Signature: _____

Name of Owner or Representative: AT [Signature]

Date: 01/02/2012 Time: PM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

NOTES:

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 01/03/2013
TIME: 04

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156PROPERTY NAME (USER) Martin Luther King Jr
Name: PARKING GARAGE
Address: 6300 NW 27th St
Owner Contact: Sergio
Telephone: _____

MONITORING ENTITY

Contact: MDTRANSIT
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

- ☐
- McCulloh
-
- ☐
- Multiplex
-
- ☐
- Digital
-
- ☐
- Reverse Priority
-
- ☐
- RF
-
- ☐
- Other (Specify) _____

SERVICE

- ☐
- Weekly
-
- ☐
- Monthly
-
- ☐
- Quarterly
-
- ☐
- Semiannually
-
- ☒
- Annually
-
- ☐
- Other (Specify) _____

Control Unit Manufacturer: EST
Circuit Styles: B4Y
Number of Circuits: 4 of 5
Software Rev.: _____
Last Date System Had Any Service Performed: 12/27/2011
Last Date that Any Software or Configuration Was Revised: _____Model No.: FIRE SHIELD

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>B</u>
<u>2</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors
Photo Detectors
Duct Detectors
Heat Detectors
Waterflow Switches
Supervisory Switches
Other (Specify): _____Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Who	Time
MDT Transit	24
Advisory	24
Sargid	24

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Comments

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
1	S. Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Heat Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns <u>strobe</u>
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 2 of 2

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4.0
 Overcurrent Protection: Type CIRCUIT BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM AT 1st FL
 Disconnecting Means Location: OUT # 20

(b) Secondary (Standby): 2 x 12VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>ELEVATOR RECALL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SENGUO</i>	
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>MDT</i>	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ADJUTANT</i>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: *All system manual*

System restored to normal operation: Date: *01/03/12* Time: *4:45*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *TEVIGUENA JONELIO* Date: *01/03/12* Time: *4:45*
 Signature: _____
 Name of Owner or Representative: _____
 Date: *01/03/12* Time: _____
 Signature: _____

(NFPA Inspection and Testing, 4 of 4)